

Application or Docket Number
10/690 6/15

(Column 1) (Column 2)

SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
4 \$ _____ =	
TOTAL	

TOTAL

Or:

TOTAL

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
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127	128	129
130	131	132
133	134	135
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142	143	144
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172	173	174
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184	185	186
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190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
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214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
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247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
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280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

SMALL ENTITY	
RATE	ADDITIONAL FEE
1.5	
2.5	
3.5	
TOTAL	ADDITIONAL FEE

Of-

OTHER THAN
SMALL ENTITY

DATE	ADDITIONAL FEE
X 3 _____	
X 3 _____	
X 3 _____	
TOTAL ADDITIONAL FEE	

DATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

Q13

91

or

200

or

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RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

Of:

11

Or

535

QF

CR

654

RATE	ADDITIONAL FEE
$x \}$ _____ = <small>_____</small>	
$x \}$ _____ = <small>_____</small>	
$x \}$ _____ = <small>_____</small>	
TOTAL	
ADDITIONAL	

... If the "Highest Number Previously Paid For" HHS SPACE is less than 3, enter "0".

The "Highest Number Previously Paid For" IN HIS SPACE is less than 3, enter

collection of information is required by 32 CFR 1.435. The information is required to be collected in progress on a continuing basis.

[illegible]